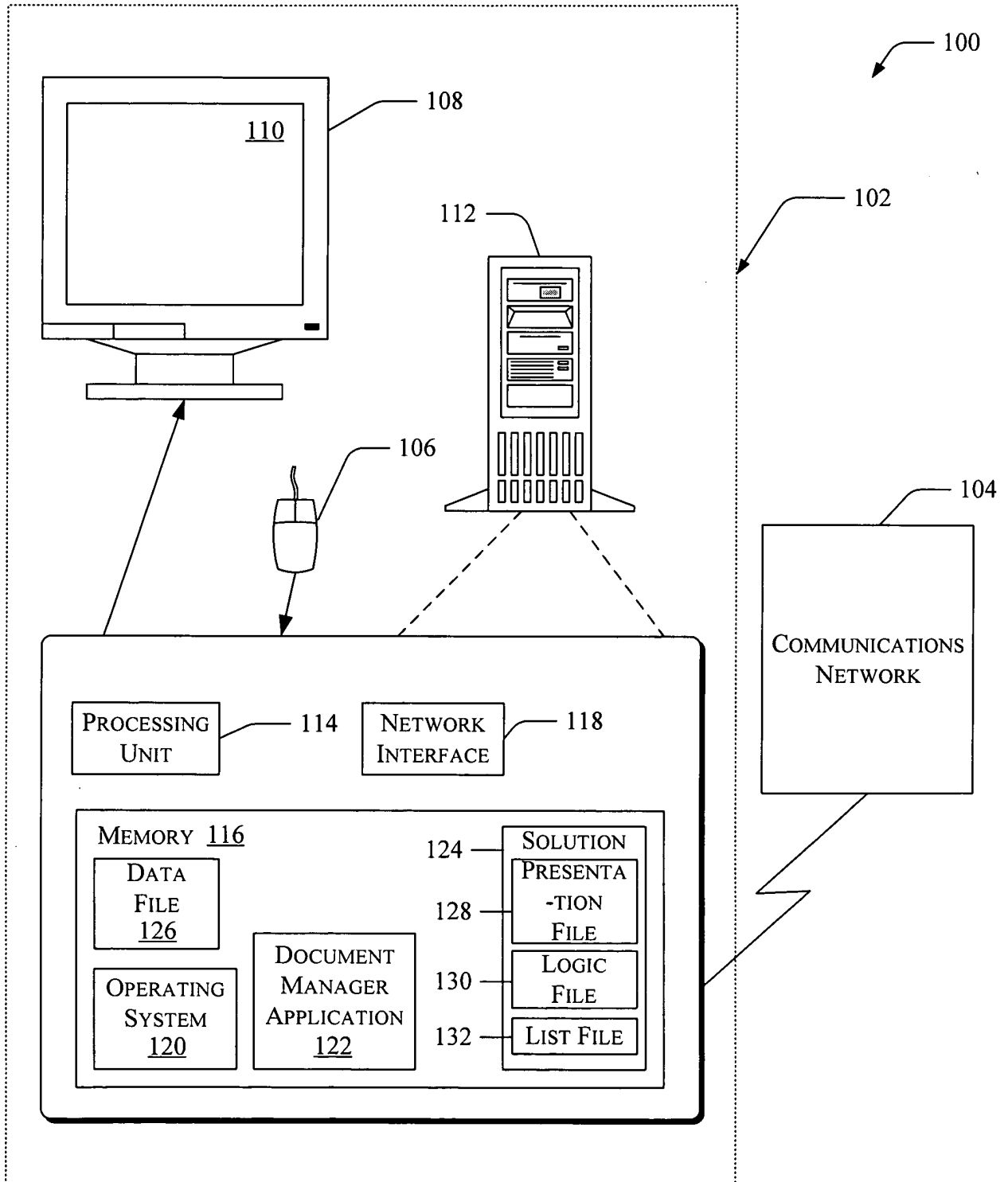


Fig. 1



200

202

Purchase Order

Reference Number: Priority: ☐ Normal ☒ Date Ordered:

Charge To: Date Required:

204

Submitted By:

Name: Address Line 1:

ID Number: Address Line 2:

E-mail Address: City:

Telephone Number: State/Province: Postal Code:

Country/Region:

Vendor Information

Company Name: Address Line 1:

E-mail Address: Address Line 2:

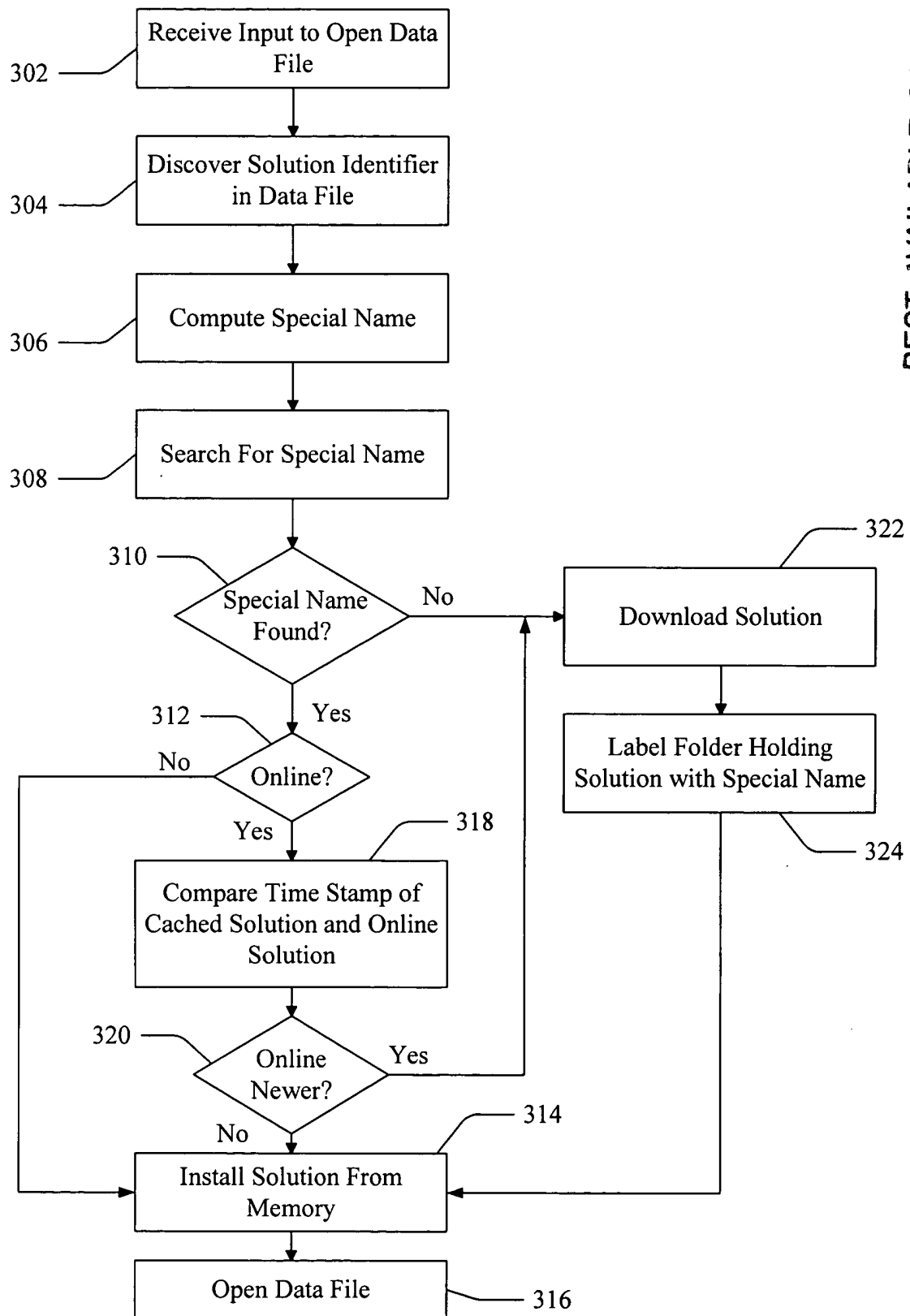
Telephone Number: City:

Fax Number: State/Province: Postal Code:

Web Site Address: Country/Region:

BEST AVAILABLE COPY

Fig. 2

300 *Fig. 3*

BEST AVAILABLE COPY

Fig. 4

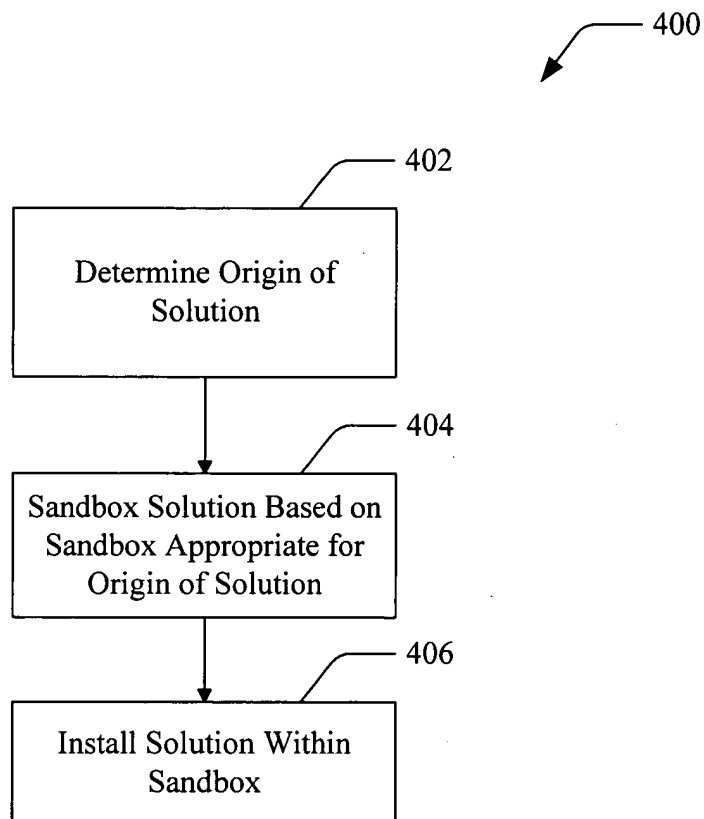


Fig. 5.

